

159/95

BUREAU OF EMPLOYMENT

Clauser-Rost, AK-55  
P 188 526 779

DIRECTOR BUREAU OF EMPLOYMENT  
ILLINOIS  
STATE OF ILLINOIS  
401 S. STATE STREET, 6TH FLOOR  
CHICAGO, ILLINOIS 60605

PS Form 3800, June 1991

Postage	\$ .55
Postage Due	1.10
State of Illinois Fee	
Postage Due to Self Fee	
Postage Due to Self Fee (to 22nd & 11th Delivered)	1.10
Return Postage to 22nd & 11th Delivered	
Date and Address - Address	
Total Postage & Fees	\$ 2.15
Postmark or Date	

the reverse side?

**SENDER:**

- Complete items 1 and/o. 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

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NOIS BUREAU OF EMPLOYMENT SECURITY  
E OF ILLINOIS  
3. STATE STREET. 6TH FLOOR NORTH  
GO, ILLINOIS 60605

Article Number

188 576 779

Service Type

Registered ☐ Insured

Certified ☐ COD

Express Mail ☐ Return Receipt for Merchandise

Date of Delivery

JAN 30 1991

5. Signature (Addressee)

6. Signature (Agent)

8. Addressee's Address (Only if requested and fee is paid)

Is your RETURN

PS Form 3811, December 1991

★U.S. GPO: 1993-352-714

**DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.